

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application No.	08/641,332
	Filing Date	4/30/1996
	Patent/Registration No.	5,997,680
	Grant Date	12/7/1999
	Inventor/Owner	Popat
Attorney Docket No.		A019-P08259US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number: 33356

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input checked="" type="checkbox"/> 10.40(b)(4): The practitioner is discharged by the client.
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6)	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
 - ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
 - ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.
- Please provide an explanation, if necessary:

CORRESPONDENCE ADDRESS

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence and address and direct all future correspondence to:
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm/Individual Name	Douglas N. Larson				
Address	24772 Saddle Peak Road				
City	Malibu	State	CA	Zip	90265-3042
Country	US				
Telephone	310-317-4466		Email		

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	/Steven C. Sereboff/		
Name	Steven C. Sereboff	Registration No.	37035
Date	January 28, 2009	Telephone No.	805-230-1350

NOTE: Withdrawal is effective when approved rather than when received. Unless there are 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.